

## CLAIMS ONLY

Application Number  
**101787008**

Filing Date

Applicant(s)

CLAIMS	AS FILED		AFTER FIRST AMENDMENT		AFTER SECOND AMENDMENT	
	Indep	Depend	Indep	Depend	Indep	Depend
1						
2		1				
3						
4		1				
5						
6	1					
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48						
49						
50						
Total Indep	2					
Total Depend	3					
Total Claims	5					

May be used for additional claims or amendments

	Indep	Depend	Indep	Depend	Indep	Depend
51						
52						
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Total Indep						
Total Depend						
Total Claims						